

MS-TAMS Maine State Time and Attendance System (MS-TAMS)  
SECURITY APPLICATION FORM FOR LINE AGENCIES

DEPARTMENT: \_\_\_\_\_  
BUREAU OR INSTITUTION: \_\_\_\_\_  
USER NAME: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

USERS JOB CATEGORY  
(Check one)

- ☐ Administrative Director
- ☐ Personnel Manager
- ☐ Business Manager
- ☐ Financial Manager
- ☐ Clerical/Technical/Professional/Support

WITH FUNCTIONAL RESPONSIBILITY FOR:  
(Check one)

- ☐ PAYROLL
- ☐ PERSONNEL
- ☐ Finance Support

IF OTHER THAN ABOVE CATEGORIES AND FUNCTIONAL RESPONSIBILITIES,  
PLEASE PROVIDE JUSTIFICATION FOR ACCESS:

PROCESSING COMPANY NUMBER(S)


SECURITY ACCESS BEING REQUESTED:

**Agency Employee Security**  
**Agency Supervisor Security**  
**Agency Payroll Security**  
**Agency Group Administrator Security**  
**Agency Project Admin Security**  
**Reports**

IS THIS A NEW USER REPLACING A PREVIOUS POSITION INCUMBENT? ☐ YES ☐ NO  
IF YES, PLEASE ENTER A NAME: \_\_\_\_\_

CERTIFICATIONS AND AUTHORIZATIONS

*I have reviewed this application for MFASIS Human Resources Security access  
and hereby certify the above named user is authorized to receive the requested  
access for the completion of the responsibilities of his or her assigned position.*

USERS SIGNATURE \_\_\_\_\_ DATE \_\_/\_\_/\_\_  
SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_/\_\_/\_\_  
AGENCY SECURITY  
COORDINATOR SIGNATURE \_\_\_\_\_ DATE \_\_/\_\_/\_\_

**Approvals (for other than automatic categories and functions)**

BUREAU OF ACCOUNTS & CONTROL\_\_\_\_\_ DATE \_\_/\_\_/\_\_\_\_

BUREAU OF HUMAN RESOURCES\_\_\_\_\_ DATE \_\_/\_\_/\_\_\_\_

BUREAU OF THE BUDGET\_\_\_\_\_ DATE \_\_/\_\_/\_\_\_\_